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ABSTRACT

This testimony, prepared for presentation to the Crisis Intervention Task Force of the House Select Committee on Children Youth, and Families, begins with an overview of statistics on education, employment, and marriage among adolescents. Subsequently, it reviews data on indicators of youth crises: pregnancy, sexuality, substance abuse, smoking, juvenile crime, suicide, and runaways. Reflection indicates that (1) when taken as a whole, data do not present a picture of escalating problems, though, when disaggregated, they do suggest areas of distress; (2) statistical overviews rarely portray strengths of an age group; (3) adolescents are not only victimizers but victims; (4) the direction of most negative social indicators among adolescents is either horizontal or declining; and (5) during impending economic reversals, funding of health services and social supports for children should be continued to maintain downward trends. It is further pointed out that, whereas a statistical profile indicates areas of crisis, a developmental profile is needed to explain the special vulnerability of adolescents. Subsequent material offers a synopsis of biological, sociocultural, and psychological aspects of adolescence; discusses statistical trends and developmental characteristics in the context of one-parent families; and, in conclusion, emphasizes the need for after-school and nutrition programs for both young and older adolescents.(RH)

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MAKING IT THE HARD WAY: ADOLESCENTS IN THE 1980S

Testimony Prepared for the Crisis Intervention Task Force
House Select Committee on Children, Youth, and Families

Joan Scheff Lipsitz

October 27, 1983

Congresswoman Boggs, Congressman Miller, Congressman Marriott, and other members of the Committee. My name is Joan Scheff Lipsitz. I am the director of the Center for Early Adolescence at the University of North Carolina at Chapel Hill. I appreciate being invited to share some information and observations with you this morning as you consider "Teenagers in Crisis: Issues and Programs."

I propose to begin by throwing some numbers at you. Stated more elegantly, I want to give you an abbreviated statistical portrait of adolescents in America. I believe you will conclude, as I do, that the picture is a very mixed one that indicates the need for a wide range of programs and policies.

In 1982 there were 22.3 million 12- to 17-year-olds in the United States. The number of teenagers has steadily declined since a high of over 24 million in the 1970s. Although the number will continue to decline through 1990, for which the projected figure is 19.5 million, it will still be considerably higher than the 18.2 million 12- to 17-year-olds in 1960.[1]

In addition to this decline in absolute numbers, the steady drop in the percentage of adolescents in relation to the total population indicates a shift toward a "more balanced age structure"[2] that, in and of itself, may account for some of the decreases we are beginning to see in several indicators of stress and alienation among adolescents. I would like to begin with an overview of statistics on education, employment, and marriage among teenagers, then review data on areas commonly interpreted as being indicators of a youth crisis, including pregnancy, venereal disease, substance abuse, smoking, crime, suicide, and runaways.

A Statistical Overview

According to the National Assessmment of Educational Progress, reading achievement scores have remained stable since 1970; the math achievement scores have remained stable for 9-year-olds and 17-year-olds from 1973 to 1982 and have risen for 13-year-olds.[3] The proportion of 12- to 16-year-olds who want to pursue a post-high-school education has not changed in the past decade; the percent of 12- to 16-year-olds who aspire to complete college has risen from 27 percent in 1966-70 to 42 percent in 1981.[4] In October 1980, 98.2 percent of 14- to 15-year-olds and 89 percent of 16- to 17-year-olds were enrolled in school.[5] The National Center on Education Statistics (N.C.E.S.) estimates that for every 100 pupils

who were in the fifth grade in Fall 1972, 99 entered ninth grade in 1976, 89 entered eleventh grade in 1978, and 75 graduated from high school in 1980.[6] The percent of 17-year-olds who graduated from high school has remained remarkably horizontal: 70.8% in 1961, 76.3% in 1965; 72.5% in 1980 according to census data (or 73.6% according to N.C.E.S.).[7]

One can make of these statistics what one will. On the one hand, the dropout rate remains stubbornly persistent. In addition, these aggregated data mask important regional, socioeconomic, and racial differences. For instance, in school year 1980-81, 45.4% of students in Washington, D.C. who had previously been ninth graders did not graduate from high school; in Mississippi, the percent was 38.2, in Louisiana 36.6, in Florida 36.3, and in Georgia 35.7. On the other hand, in Iowa the percent was 15.2, in North Dakota 15.1, and in Minnesota, 14.[8] The dropout rate among black and white 14- to 17-year-olds appears to be the same, around 5.3 percent in October 1979; for 18- to 21-year-olds, however, the white dropout rate is 15.[9] percent and the black dropout rate is 25.5 percent. Figures in Illinois from 1976 show extremely sharp racial differences that are all too familiar in other states. An estimated 13 percent of all Illinois' 18- to 21-year-olds did not have a high school diploma; but close to one-third of the blacks and one-half of the Hispanics had not graduated from high school.[10]

Youth employment data are surprisingly mixed and more positive than anticipated. According to the Bureau of Labor Statistics, approximately 48 percent of teenagers had a job in 1960; in 1979, almost 60 percent worked. According to N.C.E.S., 63 percent of high school seniors and 42 percent of sophomores had a paying job in 1980.[11] Simmons Market Research Bureau in New York reports that in 1981, a 16-year-old male was three times as likely to work part-time than in 1960; a teenaged female was ten times more likely.[12]

Again, we can interpret these figures in various ways. On the one hand, today's youth are clearly not rejecting the work ethic, either because of economic necessity, because they embrace their parents' values, or both. In fact, in 1980, 88 percent of high school seniors said that being successful in their line of work was very important to them, up 4 percent since 1972, and 84 percent said finding steady work was very important, up 6 percent.[13] This is not a picture of an unsocialized, irresponsible, devil-may-care group of adolescents. We can applaud ourselves, if we like, for having passed on an important social and personal value to our children.

On the other hand, at least one-third of young people will work at a fast-food restaurant when they are teenagers, in low-wage, tedious, dead-end, and sometimes dangerous jobs.[14] There are also indications that for some adolescents, numerous hours of work lead to lowered grades, greater occupational deviance, and other disturbing behavior.[15] And much more troubling are the statistics about black youth. The proportion of black teenagers in the work force has decreased from 45 percent in 1960 to 41 percent in 1979. For black males, the decrease is marked, from 44 percent to 30 percent. Hispanic teenagers appear to be faring better. In 1979, 50 percent of

Hispanic teenagers held jobs.[16]

Yet another indication of the relative stability of the adolescent age group is the teenage marriage rate. Adolescents are not foreclosing their education and employment options through early marriage. In 1960, approximately 15 percent of teenaged girls were married; in 1969, the figure was 7.7 percent; in 1978, 6.9 percent. The parallel figures for boys were 8 percent, 2.1 percent, and 1.6 percent.[17]

As you will see, the statistics in very deeply troubling areas of adolescent behavior are also mixed. In all areas, we must bear in mind that aggregate data mask dramatic distress in subgroups of the population. In sum, taken as a whole, with the exception of adolescent suicide, there is a heartening decrease in anti-social and personally destructive behavior. And yet there is certainly no cause for complacency about the level of personal and societal pain that forms the reality behind these numbers. As Harold Richman, Director of the Children's Policy Research Project in Illinois, says "...indicators on youth including teenage suicide, drug use, truancy and vandalism, juvenile crime, school dropouts and suspensions, and employment and unemployment suggest the sobering conclusion that a sizeable number of youth are alienated from themselves, from the law, and from those institutions designed to affect them most closely - family, school, and work."[18]

I mentioned a moment ago that the teenage marriage rate has declined. So has the teenage birthrate. Evidence indicates an increase in sexual activity among adolescents but a downward trend in adolescent childbearing. In 1960 the birthrate per 1,000 women ages 15 to 19 was 89.1. That number has steadily decreased. In 1978 it was 52.4.[19] But "while the teenage birthrate has been declining, the incidence of out-of-wedlock births among teenagers has been increasing. In 1978, over one-half of all births to teenagers were to women who were unmarried, compared to 17 percent in 1960."[20] In addition, while births to older teenagers are declining, births to younger teenagers increased, as of 1978. (They appear to have decreased subsequently. If so, this is the first good news we have had about teenage pregnancy in girls under 15 in two decades.)[21] The death rate among mothers from complications during pregnancy and childbirth is 13 percent greater for 15- to 19-year-olds than for women in their twenties. For teenagers under age 15, the death rate is 60 percent greater.[22] In general, teenagers are more likely to suffer from maternal and infant mortality and morbidity. Also, "so strong is the relationship between teenage pregnancy and financial dependency that researchers at the Urban Institute estimate that each year a woman delays her first birth, the probability that she will be in poverty at age 27 is reduced by about two percentage points."[23]

Of great interest to me are the following statistics. According to the Alan Guttmacher Institute, by age 13, one girl in 50 has had sexual intercourse at least once; by age 14, one in ten; by age 15, one in five, by age 16, one in three; by age 17, one in two; and by age 19, two in three.[24] One in every four cases of sexually transmitted diseases occurs in someone under age 19.[25] I think that

despite the many differences of opinions and values we might hold, we all can agree that we would like girls to delay sexual activity, to avoid becoming pregnant, not to be early childbearers, and to delay marriage. We would like our children to be spared being infected by sexually transmitted diseases. The picture that I am left with as I review these statistics is of an age group making numerous vital decisions very early about life-enhancing and life-threatening issues. The same is true as we turn to other areas of risk-taking and decision-making.

For instance, a 1982 survey of 17,700 high school seniors, conducted by researchers at the University of Michigan on behalf of the National Institute on Drug Abuse, found that regular use of marijuana has dropped back to its 1975 level. Regular use of alcohol and smoking also seem to be in a steady decline now. Yet, the figures are not reassuring. Twenty-nine percent of seniors report having used marijuana in the past month (the figure was 37 percent in 1978 and 1979), and six percent say they use marijuana daily.[26]

I should point out that these figures are very slippery. Every study yields different numbers -- but the same trends. The National Household Survey on Drug Abuse, which surveys American households every two or three years, reported that from 1979 to 1982, 12- to 17-year-olds showed a dramatic decline in current use of marijuana, from a survey high in 1979 of 16.7 percent to 11.1 percent. Lifetime use for 12- to 17-year-olds was down from 30.9 percent to 27.3 percent. Note that among 18- to 15-year-olds, the decline was smaller: from 35.4 percent to 27.5 percent.[27] The drug-abusing cohort is growing older and is evidently more resistant to influence.

Cigarette smoking also declined dramatically among high school seniors. Around 21 percent report daily use and 30 percent occasional use, down from a high of almost 29 percent daily use, and lower even than the 1975 figure of almost 27 percent.[28] These figures are more interesting when males and females are looked at separately. Then we see that the figures are down for males, for instance from 31 percent in 1974 to 19.3 percent in 1979 among 17- to 18-year-olds smoking one or more cigarette a week; from 18.1 percent to 13.5 percent for 15- to 16-year-olds; and from 4.2 percent to 3.2 percent for 12- to 14-year-olds. Females ages 12 to 14 and 15 to 16 also show a decline in smoking; but smoking among females ages 17 to 18 has risen from 18.6 percent in 1968 to 25.9 percent in 1974 to 26.2 percent in 1979 -- remarkably higher than for males.[29]

I would like to point out that while percentages are going down, numbers are still high. What this means for the average 12-, 13-, 14-, or 15-year-old is that he or she is not shielded from the possibility of harm as some of us may have been when we were growing up. Rather, young adolescents are making crucial decisions about risk-taking behavior, sometimes daily. When I asked my then junior high-aged son not to go to a party where I suspected there would be drugs, he replied, "You allow me to go to school every day." Fortunately, the majority of these young people are making health-promoting decisions. We as well as they are indeed fortunate that so many young adolescents have the information and skills to

protect themselves. I believe we need to give some credit to the adults -- parents, professionals, and policymakers -- whose prevention and intervention efforts in the past decade on behalf of these youngsters appear to be bearing fruit. And we need to renew our efforts on behalf of those hurting themselves and others.

Juvenile Crime is yet another case in point. First, it should be noted that adolescents are victims of crimes. Accidents, poisons, and violence are the leading causes of death for 15- to 24-year-olds.[30] (The incidence of homicide is five times greater for blacks than for whites.) The National Crime Survey of 1976, using data from 1972 and 1974 (the most recent), reported provocative statistics of teenage criminal victimization from a five-city study (Chicago, Detroit, Philadelphia, Los Angeles, and New York), suggesting a rise in victimization in major cities, especially among 12- to 15-year-olds.[31] N.I.E.'s Safe School Study reported in 1978 that seventh-grade boys in junior high schools are the most victimized of our students.[32]

Like so many other issues we wish data-gathering would clarify, juvenile crime statistics are spotty and sometimes contradictory. But again, as in other areas of youth alienation, juvenile crime is on the wane. The F.B.I.'s Uniform Crime Report for 1980 shows violent crime by minors decreased 2 percent from 1979 to 1980; property crime decreased more than 6 percent, and index crimes (violent crimes plus burglary, larceny, theft, and arson) dropped 6 percent. Between 1976 and 1980, all arrests for juveniles decreased 10 percent. Juvenile crime peaked in the 1970s and has been diminishing since.[33] Also, in 1978, the greatest percent (45.8) of juvenile offenses were against property. Status offenses constituted 23.7 percent of juvenile offenses, crimes against persons only 8.5 percent.[34]

While juvenile crime figures are going down slightly, they are nonetheless disheartening. In 1979 juveniles accounted for approximately 20 percent of all violent crime arrests and 44 percent of all serious property crime arrests.[35] Almost 65 percent of juvenile offenders are 15- to 17-year-olds; 25 percent are only 12- to 14-year-olds.[36]

When we move from the area of actual arrests to self-report studies, we get a different picture. In an effort to reduce delinquency and increase positive youth involvement, Stratford, Conn. conducted a survey of young people in grades 7-12 in the spring of 1980. The investigators found, to their amazement (but consonant with other self-report studies), that more than 90 percent of the respondents reported having been involved in at least one form of delinquent activity. Grade level turned out to be an important correlate in the findings. With the exception of drug and alcohol use and distribution, all types of delinquency were most prevalent among eighth and ninth graders, then leveled off or decreased from tenth through twelfth grades.[37] Interestingly, peer pressure and alienation variables accounted for no more than 35 percent of the delinquent acts, and these correlations were especially weak for eighth and ninth graders. The investigators thus report on what they call "free floating delinquency" that is seemingly "quasinormal," to use their term. They conclude that such delinquency will not be "counseled out"

of youngsters, rather, structural changes in community organizations, including large increases in youth participation, are indicated.[38]

While we have scattered statistics, mental health figures are close to impossible to compile with accuracy, precision of definition, and age comparability. The Children's Defense Fund reports that two out of three seriously disturbed children and adolescents do not receive any services. Among the groups of troubled children least likely to receive appropriate and timely mental health care are "disturbed adolescents, especially those with serious or multiple problems and those who have been in hospital or may face hospital placement."[39] Twenty percent of all people treated for depression are under 18 years of age.[40] The President's Commission on Mental Health (1978) estimates that by age 18, 16 percent of the population will have needed mental health services.[41] Figures for 3- to 15-year-olds are estimated to be anywhere from 5 to 15 percent.[42]

We do know that during the 1980s, teenagers have experienced the fastest growing suicide rate of any age group.[43] Between 1960 and 1978 adolescent suicides among 15- to 19-year-olds doubled for all but black females.[44] The incidence of adolescent suicide is now two times greater for whites than blacks, three to four times greater for boys than girls.[45]

Sometimes, adolescents run away from home rather than from life. According to the National Network of Runaway and Youth Services, more than two million young people run away annually. The typical runaway is a 15- to 17-year-old girl or boy. Seven in 10 return home and are reunited. Opinion Research Corporation says that more than half run less than 10 miles from home.[46]

Some are running from abuse. Child abuse statistics refute several commonly held opinions about who is abused and who abuses. Incidence of reported abuse is distributed rather evenly across age and sex. Younger children are thus not the most common victims. As children become adolescents, the type but not the incidence of abuse changes. While incidents of beatings, severe neglect, multiple injuries, and death decline as children grow bigger and stronger, sexual abuse rises, especially for girls.[47] Nor is abuse restricted to one social class. For instance, North Shore University Hospital's Family Crisis Treatment Center in Nassau County, N.Y., studied 87 suburban households in such townships as Great Neck, Manhasset, and Glen Cove. Adolescents aged 13 to 18 were abused twice as often as younger children. Abuse often began when adolescents started asserting their independence from their parents. "We are seeing families that are intact and affluent," says Dr. Sandra J. Kaplan, Chief of the Division of Child and Adolescent Psychiatry and head of the Center.[48]

Observations About the Statistical Overview

I believe you will agree with me that the statistics available, for all their inconsistencies, contradictions, and inadequacies, must give us pause. When data are disaggregated, there are persistent and in some cases deepening areas of distress. Thus, perhaps the

temperate tone of this statistical overview comes as a surprise to you and requires explanation. Taken as a whole, the data do not present a picture of escalating woes or of a generation increasingly rejecting adult norms. I stress this point for several reasons. First, adolescents are extremely vulnerable to external influences. If we portray them in the media and in legislative hearings as pathological, spaced-out, drunk, and assaultive, we run the risk of alienating greater numbers of young people and of encouraging them unwittingly to fulfill our worst expectations. The statistics on suicide bear eloquent testimony to the vulnerability of adolescents. The other statistics are less eloquent only because we have not learned to hear their signals of distress.

Second, statistical overviews rarely portray the strengths of an age group. I have not, for instance, been able to tell you the numbers of adolescents who volunteer in their communities, or the numbers who have excelled academically, artistically, athletically, or vocationally. These are important social indicators that simply are not available. It comes as a surprise to us to hear in youth polls that close to 90 percent of adolescents say they respect their parents as people. I guarantee you that you will never read this as a headline in your local newspaper. I believe that fewer teenagers would be in crisis if they heard and read about their strengths and accomplishments. So, I have tried to be as temperate as possible, pointing out, for instance, not only how many young people take drugs, but also how many increasingly refrain; not only how many drop out of school, but also how many attend.

Third, I have stressed statistics of victimization, because, while adolescents are all too often victimizers, they are also victims. Our failure to recognize this is nowhere more evident than in the area of child abuse. We are persistent in our unwillingness to recognize the vulnerability of teenagers.

Fourth, the incidence of most negative social indicators among adolescents is either horizontal or declining. We cannot take all the credit for having caused this turn away from the unrelentingly escalating figures of the 1970s. When the size of the youth cohort decreases, so do the alarming statistics. On the other hand, this is a good time to step back and take credit that is due. If we have done something right, we need to continue, not to reduce or terminate our efforts. Because we succeed in making large numbers of each generation of youngsters literate never has meant that we stop teaching the next generation. It has meant that we try to identify what has failed or succeeded, with whom, and why, and to extend our efforts to more and more youngsters. The same should hold for our prevention and crisis intervention efforts.

Fifth, I want to highlight the downward trends so that we become so proud and possessive of them that we resist the impending reversals. A study published in late 1982 by the National Committee for the Prevention of Child Abuse informs us that despite the fact that 39 states reported higher rates of abuse, 32 states cut their child abuse and neglect budgets last year.[49] Because this is not an isolated phenomena and may be a sample of what lies ahead, I would

like to call to your attention a brilliant study by Arden Miller and his colleagues, who compared the health status and health risks of children in the 1974-75 recession, when unemployment rates rivaled those of 1981-82, with the health status and health risks of children during the current recession. Their study, prepared for the United Nations Children's Fund, found that most measures of health status and health risk for children (e.g., infant mortality rate, low birth weight, child abuse and neglect, crimes and death associated with violence, hunger and nutrition, showed steady improvements throughout the 1970s, despite adverse economic trends. "Throughout the 1970s the exercise of public responsibility for financing and providing essential services and supports held constant or improved. Increase in health benefits was especially striking during 1974-75 recession," thus cushioning the adversities of the recession. On the other hand, "the health status and risks for children since 1981 appear to be adversely affected... The adverse effects on children's health since 1981 must be attributed to a combination of circumstances that include serious recession, increased poverty rates for households with children, and diminished health benefits and social support services. Earlier trends confirm that the public health and social programs were in fact working and that their withdrawal in the face of deepening economic recession subjected children to preventable risks to their health and well-being..." The study concludes that "when either local or widespread economic reversals are anticipated... health services and social supports for children need to be expanded rather than contracted."[50]

I am suggesting, then, that we cannot count on the continuing downward trends I have summarized in this review. Miller's study is the most current we have. It is careful in research, design, and statistical analysis. While, for the most part, it does not address some of the indicators directly pertinent to adolescents, it must serve as a warning. The trends bear very careful watching.

It is wearisome to hear constantly that "there is no such thing as a free lunch" without also hearing that this observation is the equivalent of a double-edged sword. Social costs will result from cost-cutting. Adolescents are expensive, as any parent can attest. There is no such thing as a free lunch. There are only choices in how we want to bear the expenses.

A Developmental Profile

A statistical profile indicates areas of crisis, but it cannot tell us why adolescents are particularly prone to certain types of risk. A developmental profile helps explain the special vulnerability of adolescence.

Biologically, adolescence consists of the years between the onset of puberty and the completion of bone growth. Puberty begins when the gonads secrete hormones in sufficient amount to cause accelerated growth and the appearance of secondary sex characteristics. Some adolescents integrate the often dramatic changes in their bodies with relative ease. For others, puberty is a disruptive experience.[51] Feelings of loss of control and helplessness are not uncommon.

Disturbances in self-esteem can be exacerbated when many changes occur at once, for instance, the onset of menstruation, a geographic move, and changing schools.[52] It is difficult for adolescents to cope with internal and external disruption simultaneously.

The onset of various marker events of puberty, like the adolescent growth spurt, the appearance of secondary sex characteristics, and menarche/ejaculation, are so variable that it is difficult for adolescents to feel "average" -- i.e., normal. While the range of normal onset can be six years, every adolescent wants to come straight in on the 50 yard line, right down the middle of the field. One is always too tall, too short, too thin, too fat, too hairy, too clear-skinned, too early, too late. Problems of self image are understandably rampant.

The biological changes of puberty are universal. Beyond biology, adolescence is culturally determined and defined. American adolescents do not grow up in a vacuum, nor, in a certain sense, do they grow up in America. That is, they grow up in families, neighborhoods, communities, and regions. They also grow up in historical and economic eras. Thus, the psychosocial tasks of adolescence vary in their impact and meaning. For instance, becoming an adolescent during the Depression had a different meaning from growing up during the expanding economy of the 1950s, which was different from growing up in the present time of shriveling employment opportunities and inflation. Likewise, growing up black, poor, and hungry is not the same as growing up black, middle-class, and in designer jeans, nor is that the same as growing up Hispanic in the barrio, white in Appalachia, Asiatic in large cities, or white in suburbia. We can no more accurately talk about "adolescence" than we can about "mid-life" in this vastly heterogeneous country. At the same time, a developmental perspective sheds light on common themes in adolescence and why they may lead to problems or crises.

If the tasks of adolescence were isolated phenomena rather than part of a continuum, they would be less crucial. Adolescence is a pivotal time in life; events in adolescence are in large measure determined by what has happened before and determine much of what follows.[53]

One of the tasks of adolescence is exploring one's personal uniqueness and relatedness to other human beings. A paradox of adolescence is that one achieves this sense of individuality only when one sees oneself in terms of a larger social context. Identity is grounded in a world of others.[54] Thus, adolescents are utterly dependent on others to reflect to them a positive, realistic image of themselves that they can integrate into their own inner image. They are also dependent on society to have a coherent set of purposes and expectations for them with which and against which they can define themselves. All too many adolescents fail to receive consistent, positive, realistic reflections of themselves from the adults on whom they are deeply dependent. Almost none receive the social coherence that would aid them in defining themselves, because society's role expectations for adolescents are conflicted and contradictory.

Also crucial to adolescent development is the gradual process of separation from parental authority and the strengthening of personal autonomy. The key word here is "gradual," since separation is a lengthy process, not an event. Those youngsters for whom separation becomes an event (for instance, through the death of a parent, divorce that denies contact with a non-custodial parent, running away, and other traumas), are at considerable risk of becoming one of the dreadful statistics we are discussing today.

A critical task of adolescence is breaking through a characteristic form of egocentrism that David Elkind calls the "personal fable." This is a story the adolescent tells himself or herself and believes to be true: that he or she is unique, immune, even immortal.[55] This tendency to overdifferentiate the self from others poses an extraordinary but usually unacknowledged challenge to people concerned with prevention. Many adolescents, especially young adolescents, are locked into their "personal fable" and therefore feel that "it can't happen to me" -- I can't get pregnant; I can't crash in this car; I can't get hooked on drugs. Prevention programs usually appeal to people's sense of vulnerability, to their being able to say, "It can happen to me. I am not unique." For members of an age group unable to make this cognitive leap from immunity to vulnerability, the messages of standard prevention programs are irrelevant. This is one reason that a developmental approach to services for adolescents is required, if we are to be more successful. Adolescents are not being perverse by feeling immune. They are being normal. The combination of this sense of immunity with adolescents' need to take risks to be adventuresome and spontaneous is one aspect of adolescent development that makes them so vulnerable to danger. As adolescents grow cognitively and are able to think abstractly and hypothetically, they are also able to break through this characteristic form of egocentrism.

Adolescence is a time in life characterized by striving for achievement and competence. This view of adolescence is so radically different from social stereotypes that it bears underscoring. Konopka talks about adolescence as an "age of commitment," a move into "true interdependence." Commitment includes a search for one's identity but also "points toward the emotional, intellectual, and sometimes physical reach for other people as well as ideas, ideologies, causes, work choices." According to Konopka, to acknowledge adolescence as an age of commitment is to elevate it from a stage to be "endured and passed through as rapidly as possible to a stage of earnest and significant human development."[56] Adolescents, shaky in self-esteem, beginning to have a new-found sense of personal destiny, and intensely self-conscious, are dependent on adults to afford them opportunities for achievement, competence, and commitment. Their budding sense of self reaches not only inward but also outward to friends, and beyond friends to the larger social order they are beginning to discover and explore. Because we give adolescents almost no opportunities for acknowledged competence beyond academics and athletics, and because we fail to invite the contributions they are ready to make to their communities, many adolescents are barred from adult recognition. In so doing, we abandon them to the peer group which, while more often than not supportive and generous, is equally shaky and needy.

While, as I said before, it is impossible to obtain reliable mental health statistics, the consistent theme of low self-esteem that pervades the literature on substance abuse, teenage pregnancy, dropouts, truancy, juvenile crime, and suicide is striking. I have never seen or read about a successful crisis intervention or prevention program for adolescents that did not address the issue of low self-esteem, directly or indirectly. It is the Achilles heel of adolescent development and the linchpin of successful programs.

Adolescents on their Own

I have presented statistics about the status of adolescents and have made several observations about the tasks of adolescent development that lead to the special vulnerability of the age group. I would like now to place these observations in the context of several dramatic changes taking place in adolescents' families.

Because of the falling birth rate, the number of children in the United States declined in the 1970s; at the same time, the number living in one-parent families increased. By now, the statistics have become familiar. In 1982, 22 percent of all children under 18, or 14 million children, were living in single-parent families.[57] Data from the 1981 nationwide Census Bureau sampling indicates that the number of one-parent families headed by unwed women rose 356 percent, up from 234,000 to more than one million, from 1970 to 1980; the number of families headed by divorced women rose 181 percent, from 956,000 to 2.7 million.[58] Within the context of one-parent families, as Glick points out, the most rapid rate of increase occurred among children who were at least 10 years old. Among prenursery-age children (under 3), the percent rose 36 percent; among 10- to 17-year-olds, the increase was 50 percent.[59]

While the median family income in 1978 for mother-and-children-only families with all children under school age was $4500, the figure almost doubled ($8700) for mother-and- children-only families with all children of school age. This increase may be explained by the mother's longer average work experience, and it is definitely explained by her longer working hours.[60]

We do not know the consequences for adolescents of growing up in single-parent families. Research findings are contradictory. Given current estimates that by 1990 approximately three-quarters of all black children and one-third of all white children will spend some time in a single-parent family,[61] our need for greater clarification about this issue is urgent.

My purpose in reviewing these statistics is certainly not to add to the burdens of single parents or their children. It is, rather, to highlight Glick's findings that the greatest increase in single-parent families has occurred for children who are ten years old and older. These are also the children whose mother is most likely to be working full time. Thus, these are the children least likely to be supervised at home in the after-school hours and out-of-school days. Again, the problem of supervision is not solely a single-parent worry. From 1980

to 1981, 7 out of every 10 net additions to the labor force were female (1.2 million). Many of these women are married. In 1981, there were 25 percent more dual-earner, married couple families than in 1971.[62] Although the average labor force participation rate in 1980 for single-parent mothers with children ages 6 to 17 years was 78 percent, the comparable figure for married mothers, while lower, was also high: 66 percent.[63]

Nationwide data about child-care arrangements for school-age adolescents are not available, a dangerous gap in our information about this age group. We simply do not know how many of these young people lack contact with parents or other adults in their out-of-school hours. We do not know how safe they are or how well supervised. October 1974 census data indicated that 17.7 percent of 7- to 13-year-olds whose mothers were employed full time took care of themselves.[64] I believe we can safely assume that if we lopped off the younger children in these aggregated data, the percent of unsupervised older children would rise considerably. If we had current data, we might find that the figure for those children who are not supervised had soared, along with the burgeoning rate of single-parent families, single mothers in the labor force, dual-earner families, and adolescents in single-parent families. But we do not have current data on how well supervised our school-age children are in their out-of-school hours. In fact, we do not even have data comparable to the October 1974 data. The Census Bureau, in effect, has "lost" the supervision issue. The question about unattended children ages 7 to 13 has not been updated for lack of funding, according to Martin O'Connell, Chief of the Fertility Statistic Branch of the Census Bureau.[65] The Committee's statistical report, U.S. Children and Their Families, presents no table on child care arrangements for school-age children in general, much less for adolescents, nor could you have obtained the data to compile one.

We have glimmers now of data from local studies. We know from a very careful study of children ages 11 and 12 in Oakland, California, conducted by Elliott Medrich and his colleagues, that of the 764 sixth graders interviewed, no adult was at home to be with the child after school in 30 percent of one-parent and 23 percent of two-parent families.[66] Fifty-one percent of these sixth graders said they often feel bored and do not know what to do after school. 82 percent said they watch television because they have nothing else to do. 81 percent would like to spend more time doing things with their parents.[67]

The isolation of adolescents is not limited to urban areas, where large percentages of young people never go outside their neighborhood on their own. Suburban and rural adolescents are also trapped, lacking public transportation or any place to go. Montgomery County, Maryland recently contracted with Applied Management Sciences to study the county's child care needs and resources. The report has not yet been released, but data indicate that over one-third of the county's 9- to 11-year-olds and approximately three-quarters of 12- to 13-year-olds are in self-care or with a young sibling more than 10 hours a week. The statistics on self-care cross all income levels and races, although those parents with the highest education and

occupation levels are more likely to leave their children in self/sibling care than are parents with lower education and occupation levels. I believe we are witnessing a trend toward the increasing solitude of middle-class youth.[68] In fact, the isolation of separate residential developments can make libraries, school buildings, churches, synagogues, and recreation centers more out of reach for suburban than for urban adolescents who have access to public transportation. Suburbs are lonely places, with one exception: the shopping mall, our new de facto community center for the youth of America.

If a 14- or 15-year-old becomes a delinquent in the after-school hours, he or she will be attended to rather swiftly, if not rather well. But we are not likely to respond to the teenager who hangs around the house, neighborhood, or shopping mall, aimlessly seeking ways to kill time. Social attention follows obvious injury, especially where adolescents are concerned. The after-school hours, the time period that spawns what we at the Center for Early Adolescence call the 3:00 to 6:00 P.M. issue, illustrate our society's failure to follow through. Though we say we are committed to establishing a society that cares about all our children's development -- adolescents as well as younger children -- as individuals, as members of families, and as members of communities, we are not doing so.

It is intriguing that we must once again make the case for social attention to youth in the out-of-school hours. That case was made successfully in the early part of this century, when urban areas were flooded with immigrant youngsters. Then, the voices calling for community services were the conservatives, attempting to socialize the alien masses. The arguments of that period are refreshingly outspoken and to-the-point. For instance, Howard S. Braucher, a leader of the playground movement, wrote in 1916 that "the expenditure of tax funds for community centers [including playgrounds and vacation schools] is the best form of insurance against assassination and social revolution."[69] In those days, the voices calling for community centers that would get young people off the streets, teach them basic skills, and socialize them to mainstream American values belonged to the rich and powerful. We may today question some of their motives, but I doubt that many of us would take exception to their legacy: playgrounds, parks, and community centers. Today, the voices recalling us to a former commitment are few and, ironically, no longer considered conservative. As Medrich and his colleagues found in their study of children's lives out of school, "There is mounting evidence that fiscal pressures on municipalities are resulting in declining commitments to child-oriented out-of-school services and facilities. The implications of this trend demand attention for these services are important to children... We believe that cutbacks in services directed at them will mean that young people are bearing an unusually large share of the adverse consequences of the taxpayers' revolt. These basic services and facilities represent an important contribution to the quality of children's out-of-school lives. We view current developments with dismay, for we see little evidence that public authorities or adults generally are willing to confront this deteriorating situation."[70]

Instead of hearing numerous such calls for social attentiveness, we are throwing the responsibility back onto young people to fend for themselves, via self-help manuals, latchkey survival kits, and soon-to-appear self-help television spots for young viewers during Saturday morning cartoons. And we are reinforcing the isolation of youngsters with articles like one on "How to Make Your Kids Street Smart" in Family Circle, which advises parents, "Don't let kids go to school early or stay late, except when they're taking part in supervised activities. Schoolyards and playgrounds are notorious hangouts for both child molesters and marauding teenagers."[71] I do not dispute the need for booklets that teach youngsters on their own how to avoid setting the apartment on fire when they fix a snack for themselves or their younger siblings, nor do I dispute the need for articles that tell parents that formerly supervised areas are no longer safe. But is this the best we can do? Is this the extent of the social effort we can muster?

Several weeks ago when a researcher for the newly syndicated consumer-oriented television show, "Taking Advantage," attempted to ascertain where parents of young adolescents could find out about after-school services in their community, she learned what for her was a stunning lesson: nowhere. This television show would gladly have referred parents to an 800 number or a series of regional information networks had there been any. There are none.

Members of the Committee, what would you say are the greatest stabilizing influences in the lives of children? I am sure that in your list, which would have to include adequate food, housing, schooling, and health care, you would also include adults. I find it shocking that we must remind ourselves of this fact: adults are essential to the healthy development of adolescents. And what is your definition of "neglect"? Most of us shy away from defining "neglect." Guidelines of Tennessee's Department of Human Services define neglect as leaving a child under 9 unsupervised for any length of time, leaving 10- to 12-year-olds unsupervised for more than four hours, and leaving a child under 12 responsible for younger siblings for more than two hours. I think we can all imagine how many parents in Tennessee are neglectful, under these guidelines. Our prisons would be filled with many of us in this room, and foster homes would be filled with our children, were most states not much more vague and inattentive to this issue. Nor do I recommend a movement to define "neglect," if that merely adds to the burdens of parenthood without concurrently providing the resources most parents want.

And what do parents want? In the fall of 1982, the Center for Early Adolescence polled parents of 10- to 15-year-olds to learn about their worries and preferences regarding their children's activities in the after-school hours.[72] The parents whose voices ring through the answer sheets are black, white, Hispanic, female, male, urban, rural, and suburban. They worry most about their young adolescent daughters' and sons' physical safety. They are also deeply concerned about their children's social and intellectual well-being.

The most striking finding of this survey, which 996 out of 2000

parents of 10- to 14-year-olds returned, is the similarity of parents' attitudes and needs regardless of marital status, level of family income, location of home, race, or their child's gender. The largest group of parents with pressing needs in the afternoon are those from households where no adult is at home after school lets out. Parents worry about not being at home to supervise their children. They worry most about safety: fires, kitchen accidents, traffic accidents, muggings. They worry about peer influence. They worry about whether they really know where their children are. They want them to do something constructive, to learn something, to have new experiences, to read more. The most frequently cited reasons for their children's lack of involvement in after-school activities are that the activities are not offered, the costs are too high, the children cannot get to the locations, and the children are already too busy. This last reason is cited by high-income parents. Low-income parents are most likely to cite cost and lack of transportation as barriers. One mother wrote, "Some families cannot afford private clubs or classes for their children. I feel that if more community activities were offered for all children, there would be less trouble with our youth."

Medrich et al. found that 75 percent of mothers agreed that organized activities are an important part of any child's education.[73] In the Medrich study and in the Center for Early Adolescence's survey, parents' desires for their children run counter to current trends. As Medrich and Rubin say, "We seem to be witnessing a reduced public commitment to the rising generation ...With regard to after-school services and the supervised care they provide, the prognosis is not favorable: less service, less diversity in activities...and, in contrast with the expressed purposes of public sector programming, less social equity."[74]

Findings from the Montgomery County study are equally distressing and more surprising. When asked what form of child care they prefer, 87.9 percent of the 1,000 parents sampled answered that they prefer self-care. Only 12.1 percent would prefer something else, usually an after-school recreation program. The children being discussed are ages 0-13, and yet 71.6 percent of the parents feel the child is old enought to take care of himself or herself. While Montgomery County is not representative of the nation, this indication of greater parental acceptance of children's isolation in the after-school hours is new and deeply troubling.[75]

Adolescents are spending the after-school hours unsupervised and uninvolved in their communities at a time in their lives characterized by high energy, a striving for self-definition, and a need to prove their personal competence in a variety of areas. As we have seen in the statistical overview, they are vulnerable to the negative influences of their environment, their peers, and adults; but as we saw in the developmental overview, they are also vulnerable to positive influences, and, in particular look to adults as role models and sources of affection and guidance. Environments that offer realistic expectations of youth, caring relationships with adults, and diverse opportunities for constructive and enjoyable activities with peers will increase youths' vulnerability to the best in themselves, their peers, and adults.

I believe that concern about after-school care for adolescents, especially young adolescents, will increase as the number of working mothers continues to increase. The pressures on communities to provide after-school care and the sheer numbers of unsupervised young teenagers will intensify public apprehension and lead to calls for greater social control of the young. At the same time, opportunities for enriching experiences during formative years should not be tied solely to labor force and social control issues. Parents cannot and should not be their adolescents' sole source of information or companionship. Given what we know about adolescents' need to become increasingly independent from their parents, adults other than parents must be available to them. Otherwise, we abandon our youngsters to the enlarging youth ghettos of the after-school hours.

After-School Programs for Young Adolescents

Adults are stabilizing influences in the lives of adolescents. The after-school hours and vacation periods offer communities a golden opportunity to supplement families in molding young people's passage from the dependency of childhood to the relative independence of adulthood. Approached from this perspective, despite the fact that they are responding to dramatic current changes in American families, after-school programs are institutions imbedded in the American tradition of child-rearing, helping to recreate the coherence between family and community that has been the purpose of youth-serving organizations since the turn of the century.

The Center for Early Adolescence is making a concerted effort to call attention to the after-school needs of young adolescents. We have worked as a team of investigators identifying, observing, and documenting high-quality programs for 10- to 15-year-olds. We have visited 50 programs in 24 states that meet our criteria for quality after-school programs. We have selected 24 programs to document in a program catalogue, based on diversity of region, focus, sponsorship, funding sources, and program size.[76]

What have we learned from this effort to find and document effective programs for 10- to 15-year-olds?

Probably the hardest lesson we learned is the difficulty of identifying these programs. There is no network of professionals and volunteers among whom the reputations of excellent after-school programs are broadly known. We had a year's time and foundation funding to help us learn about achieving excellence from a variety of programs. Youth workers who are not part of national organizations have no one to turn to for new ideas, mutual support, and information about what works and why. Parents are even more isolated, lacking printed materials that tell them what exists in their community and what criteria they should use in helping their adolescents select programs in the after-school hours. We learned that adolescents "vote with their feet" by attending after-school programs in community centers, museums, libraries, schools, churches and synagogues, Boys Clubs, Girls Clubs, 4-H, and the like. We learned that they attend because there is an adult who knows and understands them. While a

particular activity may be the "hook" that draws teenagers in, their loyalty to the program is dependent upon the sensitivity of an adult who has time to listen and to care.

We learned that public institutions have been and still could be well placed as providers of safe, supervised recreation, academic and cultural enrichment, and counseling. But inflation, cutbacks in funding, and taxpayer revolts are taking their toll. Several examples will make the point. Given cuts in Title XX funds, day-care programs have been forced to institute new fee schedules. Parents have found they have to choose which of their children they can afford to send. They understandably choose to pay for their younger children and withdraw the older siblings, who thus become so-called latchkey children. Libraries find that more and more young adolescents (librarians call them "young adults") are using libraries as drop-in centers after school. Parents approve of their children going to the library, a safe, warm, supervised place where nothing bad can happen and homework can get done. Ideally, libraries should have "young adult librarians," people who specialize in serving the early and middle adolescent age group. These specialists can make the library a welcoming and enriching place for teenagers. With budget cuts, libraries have had to cut back not only on hours and acquisitions, but on staff. Because the young adult librarian's position is one of the newest, it is also most vulnerable to such cuts. Likewise, municipal recreation departments have had to cut youth worker positions at precisely the time when more staff is needed to serve unsupervised teens.

One of the most dramatic cuts has been a change in eligibility in the child care food service program. The purpose of Section 17 of the National School Lunch Act is to assist states to "maintain or expand nonprofit food service programs for children in public and private nonprofit non-residential institutions providing child-care and private for-profit centers that receive compensation under Title XX for at least 25 percent of the children who are enrolled in non-residential day-care services."[77] In 1981, Public Law 9735 reduced the age eligibility from 18 to 12, except for migrants (the maximum age is 15) and handicapped (18) children. An analyst in the Nutrition Service of the U.S. Department of Agriculture estimates that $5 million has been saved by not subsidizing the feeding of adolescents. (FY '83 program costs were $322 million.)[78] One person contacted at the U.S.D.A. said blithely, "The age limit was 18, but the law has been changed. Now, although we do not bar older children from participating in programs, they may not eat the supplement if they are over 12 years of age. That is, we will not reimburse for these children."[79]

I suppose we should be grateful that older children are not being barred from after-school programs, and I suppose we should be grateful that they may eat -- that is, if the program can figure out how to pay for the food, But I cannot be sanguine about the short-sightedness of failing to enhance the nutrition of adolescents during a growth spurt second only to infancy in velocity or the short-sightedness of failing to teach, through modeling, good nutritional habits to an age group whose attraction to junk food we publicly bemoan. We can imagine a

scenario in comprehensive service programs where adolescents leave the building to go outside and buy soda and potato chips from a vendor, while younger program participants are being fed. While an 11-year-old needs that food, perhaps the 13-year-old who is growing 4 inches in one year needs it more. The only person in this scenario benefiting from the government's policy is the vendor, whose concern for adolescent nutrition is not apparent. We are saving $5 million, but we have no idea what we are losing in long-range costs.

In August 1982, the National Governors' Association adopted the following resolution about child care: "States should seek a balance of public support for families who require child care for developmental, protective, special needs, or work-related reasons... The Federal Government should expand tax credits and provide increased monetary support for child care for low income families."[80] No age limits are stipulated. I strongly recommend that the Committee consider the 3:00 to 6:00 P.M. issue as it collides with the developmental needs of adolescents, and explore restoring the upper age limit of the food service program. I also recommend that the Committee explore other legislative barriers to providing services to adolescents in the after-school hours.

I would also suggest looking at NEH's Youth Projects, which promote activities in the humanities after school, on weekends, and on vacations, but which limits the eligibility to 16- to 24-year-olds. Why? Likewise, ACTION's Young Volunteers in Action Program, while open to 14- to 22-year-olds, needs Congressional attention to strengthen and even extend downward its program for the younger segment of its age range. Adolescents do not have to be a drain on the resources of their communities. They can, instead, be resources for their communities. Adolescents, when invited and encouraged, provide companionship to the elderly, take care of younger children in day-care centers, construct community playgrounds, counsel their peers, staff hotlines, plant and tend inner-city gardens, paint and weatherproof houses, serve as museum guides, volunteer with handicapped children, staff candystriper programs in hospitals, do food shopping for the housebound, shovel snow, clean parks... Their energy is proverbial. The question is only how the energy will out, whether it will be against us, against themselves, or on behalf of us all. Gwendolyn Brooks, in a poem called "Boy Breaking Glass," writes, "I shall create! If not a note, a hole. If not an overture, a desecration." Sometimes, we must turn to poets to hear what we will not learn from our children.

I have presented a compilation of statistics that indicate a mixed picture of the status of adolescents in the United States. I have pointed to some characteristics of normal adolescent development that make adolescents vulnerable both to negative and positive influences. I have discussed the 3:00 to 6:00 P.M. problem as the epitome of an issue in which changes in families and the labor force converge with characteristics of adolescent development to require social attentiveness and commitment. I have not struggled with definitions of prevention and intervention because, as is so often the case in youth services, the terms become interchangeable.

We will never perceive ourselves as not having a youth problem. From the time of the colonies, adults have bemoaned the incorrigibility of youth. In fact, one can quote ancient Egyptians and Aristotle on the youth crisis. Whether or not we have a youth crisis, there are youth in crisis. If we can marshall our resources on behalf of these young people, we will have done part of our job. Some would say we will have done all our job. They believe that the most feasible and desirable youth policy is one targeted on "demonstrably unlucky children whose bodies or minds are sick or whose families are unstable or in poverty."[81] I agree that this is the most feasible policy, but I cannot agree that it is the most desirable. While we wistfully yearn for a long-gone and perhaps mythical time when neighborhoods were communities, people knew and cared about each other, and folks sat on the front porch sharing the week's news, we have left out of our fantasy something that was very real: the communal sense of responsibility for watching over and rearing teenagers. Families should not have to be demonstrably inadequate in order to be helped in offering their children a rich array of experiences and opportunities. Children should not have to be from failed families or in crisis themselves in order to receive from adults the enlarged vision of themselves that their future so depends on.

Adolescence is not preparation for life. It <u>is</u> life. The 3:00 to 6:00 P.M. issue challenges us to do for adolescents in the after-school hours what we must then do the rest of the day: to define meaningful social roles for youth as they mature into the healthy, responsible, fulfilled adults we wish them to become.

NOTES

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